

SECTION J

ATTACHMENT J-3

VOUCHER/BILLING INSTRUCTIONS

1. Introduction

These instructions are provided for use by the Contractor in the preparation and submission of vouchers requesting reimbursement for work performance under cost type contracts. Compliance with these instructions will reduce correspondence and other causes for delay and will promote prompt payments to the Contractor.

2. Electronic Payments

The Financial Services Division of the Idaho Operations Office is the cognizant finance office for this contract; however, contract payments shall be made by the Albuquerque Operations Office. Payments shall be made through the Automated Clearing House (ACH) electronic payment system. In lieu of receiving payment by check, payments shall be sent via ACH and automatically credited to the designated account at the designated financial institution. The Contractor shall complete Standard Form 3881, *ACH Vendor/Miscellaneous Payment Enrollment Form*, prior to receiving any payments under this contract.

3. Voucher Form

In requesting reimbursements, the Contractor shall use Standard Form 1034, Public Voucher for Purchases and Services Other than Personal, accompanied by supporting statement of cost documentation. A computerized version of the Standard Form 1034 may be used. A separate voucher shall be submitted for each task order.

4. The Contractor may invoice on a monthly basis. The Contractor is encouraged to use regular mail in lieu of express mail methods in order to promote cost effectiveness. Distribution of the original voucher/billing and copies shall be made as described below. Failure to comply with these voucher mailing instructions will result in delayed payments and may affect performance ratings for administrative areas.

The original of each voucher/billing shall be submitted to:

U.S. Department of Energy
Albuquerque Operations Office
ATTN: AFSC/VGST
P. O. Box 5239
Kirtland AFB
Albuquerque, NM 87185-5239

One copy of the voucher/billing, with supporting detail shall be mailed to the cognizant contract specialist at:

[Name of Contract Specialist]
Procurement Services Division
U.S. Department of Energy
Idaho Operations Office
850 Energy Drive, MS 1221
Idaho Falls, ID 83401-1563.

One copy of the voucher/billing, with supporting detail shall be mailed to the cognizant Contracting Officer's Representative (COR) identified in the task order at:

[Name of COR]
U.S. Department of Energy
Idaho Operations Office
850 Energy Drive, MS [insert the mail stop number for the COR]
Idaho Falls, ID 83401-1563.

5. Preparation of Standard Form 1034.

Vouchers shall be sequentially numbered. Each task order voucher shall be assigned a non-repeating number. Should a voucher be returned for corrections, the revised voucher shall receive the next number, and shall include the suffix ~~R~~.@

Enter date the voucher was prepared.

Enter the contract number and effective date of the contract.

In lieu of the requisition number, enter the task order number.

Enter the Contractor's name and mailing address, as shown in the contract.

Enter the date of delivery or service (e.g., the month for which billing is submitted).

Enter the description of service or a statement such as ~~See attached Statement of Cost.~~@

Enter the dollar amount of the billing. The amount claimed must agree with the amount reflected in the Statement of Cost. Each voucher shall include only one task order.

Enter the total amount of the billing.

6. Preparation of the Statement of Cost.

The Statement of Cost shall be completed taking into account the Contractor=s cost system.

Costs claimed shall be only those recorded costs authorized for billing by the payment provisions of the contract.

Labor rates billed shall reflect the burdened rates included in the contract for the contract year. Indirect costs claimed shall reflect the rates approved in the contract for the contract year.

Additional supporting detail for claimed costs shall be provided in such form and reasonable detail as an authorized representative of the Contracting Officer may require.

All claimed subcontractor costs shall be supported by attached copies of the subcontractor=s invoice and shall contain the same degree of detail as the Contractor=s billing.

The available fee, amount of fee billed, and any retainage amount shall be shown. Prorate requests for fixed fee reimbursement in terms of time. For example, reimbursement for one month of a four month task effort would be one-fourth of the available fixed fee amount.

The cumulative billing to date for the task order shall be shown. In the event a voucher was returned for corrections, the cumulative amount billed/paid shall be adjusted accordingly. The adjustment shall also reflect changes to the cumulative billing that may have occurred because a subsequent voucher was submitted.

The Contractor shall promptly credit the Government with any overpayment or other amounts due.

STATEMENT OF COST

Contractor:	Contract Number:
Address:	Task Order Number:
	Voucher No.

SUMMARY:

Obligated Amount of Task Order	_____
Task Order Fee Amount	_____
Amount Claimed for this Billing Period	_____
Amount of Fee Billed to Date	_____
Fee Retainage	_____

COST PROFILE	THIS BILLING	CUMULATIVE
DPLH Costs	_____	_____
Travel Costs	_____	_____
Other Direct Costs (ODCs)	_____	_____
Subcontractor Costs)	_____	_____
Subtotal Travel, Subcontractor, ODCs	_____	_____
Indirect (e.g., G&A) Costs	_____	_____
Total Costs	_____	_____
Fee this Billing	_____	_____
Total Amount	_____	_____

STATEMENT OF COST (Continued)

Contract Number:
Task Order Number:
Voucher No.

DESCRIPTION	AMOUNT
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Describe services for which voucher is submitted (e.g., task order title/description). State time period covered by this voucher (i.e., period during which services were provided). Task orders for which the performance period does not cover an entire month must show the actual dates of performance.

LABOR: \$ _____

NAME	# OF HOURS	DPLH RATE	AMOUNT
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TRAVEL \$ _____

Identify trip location, duration, and number of people traveling.

Transportation
Mileage
Parking
per Diem
Lodging

OTHER DIRECT COSTS \$ _____

Identify other direct costs consistent with the Contractor's accounting system. Items and the order listed should correspond to ODCs included in the Contractor's task proposal.

Communications
Reproduction
Etc.

SUBCONTRACTOR COSTS \$ _____

Identify subcontractor costs by each subcontractor. Attach a copy of the subcontractor's invoice to support the costs claimed. The subcontractor invoice shall contain the same degree of detail as that required for the Contractor.

STATEMENT OF COST (Continued)

Contract Number:
Task Order Number:
Voucher No.

INDIRECT COST S \$ _____

Identify the type of approved indirect cost (e.g., G&A) and the rate

SUBTOTAL \$ _____

FIXED FEE BILLED (applicable to fixed fee task orders) \$ _____

Note: Total fixed fee may not exceed the total amount of fee included in each fixed fee task order. Fixed fee should be prorated based upon performance time (e.g., four weeks of a 20 week effort would equate to one-fifth of the fixed fee amount).

FIXED FEE AMOUNT _____

INCENTIVE FEE BILLED (applicable to performance-based incentive fee task orders)

Total Fee Available \$ _____

Amount of Part I Performance Pool Available\$ _____

Rating _____

Amount of Part I Fee Earned \$ _____

Amount of Part II Cost Control Fee Pool Available \$ _____

Amount of Part II Fee Earned \$ _____

Total Part I and Part II Fee Earned \$ _____

TOTAL AMOUNT BILLED THIS VOUCHER \$ _____

STATEMENT OF COST (Continued)

Contract Number:
Task Order Number:
Voucher No.

CERTIFICATION: I certify that this invoice is correct and in accordance with the terms of the contract and that the costs included herein have been incurred, represent payments made by the Contractor, except as otherwise authorized in the payments provision of the contract, and properly reflect the work performed.

_____ Name	_____ Signature
_____ Title	_____ Date

For questions or information about this voucher, please contact the following individual.

Name:	_____
Title:	_____
Telephone number:	_____
Fax number:	_____